

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i>		Town		<i>Caroline</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>10</i>		Day <i>28</i>		Age <i>63</i>		Years Months Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>					
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Bailey</i>							
Father's Name <i>Stephen Bailey</i>		Father's Birthplace <i>Ind.</i>							
Mother's Maiden Name <i>Caroline Nelson</i>		Mother's Birthplace <i>Ind.</i>							
Name of person giving Information <i>Margaret Bailey</i>		How related to deceased <i>Wife</i>							

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

Primary <i>Accidental Poisoning</i>		How long <i>4 hrs</i>	
Immediate <i>Accidental Poisoning</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Smith</i>	
<i>J</i>		Address <i>Denton Ind</i>	
Accident or Suicide <i>Poisoning</i>			



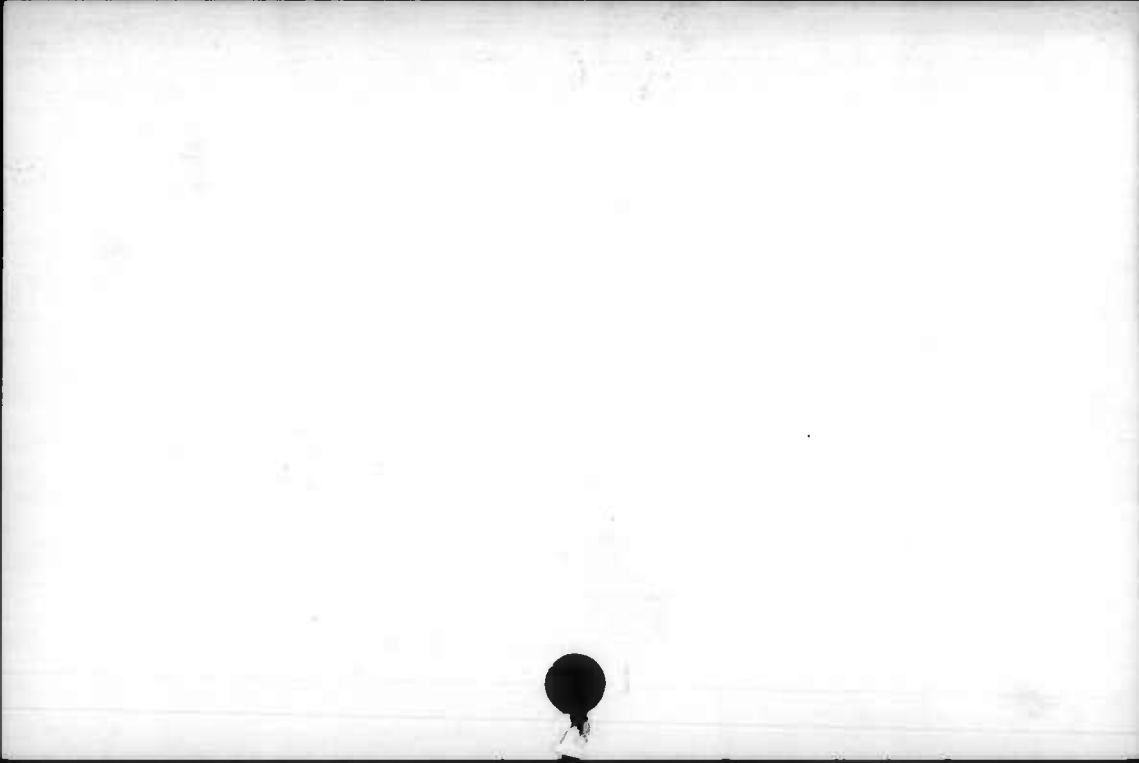
Name
in
FullBAGGS
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Greensboro		County Caroline		MARYLAND	
Date of death		1909	Month Oct	Day 16	Age 6	Months weeks	Days old
Sex Male		Color or Race White		Birth- place Greensboro, Md.			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name Charles Baggs		Father's Birthplace Greensboro, Md.					
Mother's Maiden Name Annie Brody Conaway		Mother's Birthplace " "					
Name of person giving Information Chas. H. Pritchett		How related to deceased Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia (7 1/2 mo.)	How long	6 wks
Immediate	Malnutrition	How long	6 wks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. L. Fellsborough	
yes		Address Greensboro, Md.	
Accident or Suicide			



Name
in
Full

Annantha Cahall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithville</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1909 Oct.</i>		Month <i>3</i>	Day <i>3</i>	Years <i>29</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Caroline County</i>			
Occupation <i>Housework.</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Albert Cahall</i>				
Father's Name <i>Daniel J. Noble</i>	Father's Birthplace <i>Caroline Co., Md.</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Eaton</i>	How related to deceased <i>Husband</i>		<i></i>		
Name of person giving Information <i>Albert Cahall</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 Weeks.</i>
Immediate <i>Heart Failure</i>	How long <i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>F. Talbot Brooks</i>
	Address <i>Federalburg Md.</i>
Accident or Suicide <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

Milton Webster Cecil

Town

County

Died at

near Ridgely

Caroline

MARYLAND

Date

of death

1909

Month

10

Day

22

Years

Age

-

Months

3

Days

7

Sex

Male

Color or
Race

White

Birth-
place

Ridgely Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Henry Cecil

Father's
Birthplace

Queen Anne Co

Mother's
Maiden Name

Julius Porter

Mother's
Birthplace

Queen Anne Co

Name of person giving
Information

Harriet Cecil

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Marasmus

How long

2 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

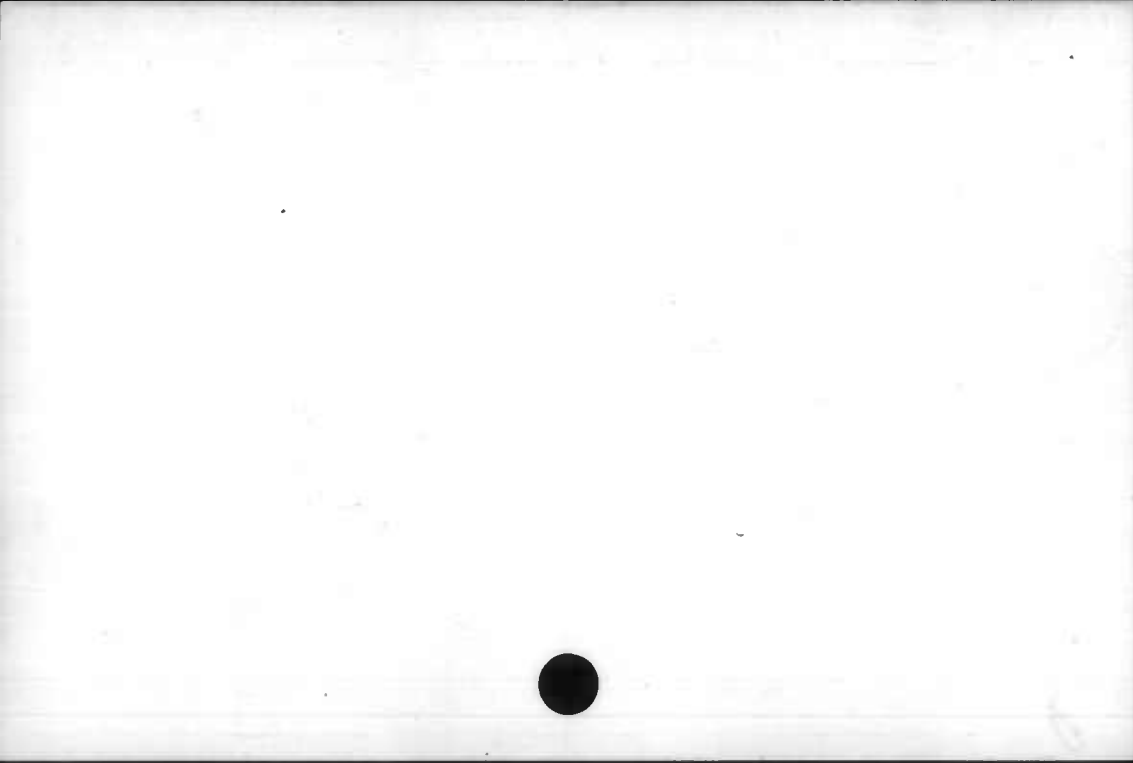
J. C. Madara

Address

Ridgely Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martha Cornish* Town *Federalburg* County *Caroline*
Died at *Federalburg* *Caroline* *MARYLAND*
Date of death 190 *9* Month *Oct* Day *16* Age *4* Years Months Days
Sex *female* Color or Race *black* Birth-place *md*
Occupation *student* Where Residing if not at place of death
Married, Single or Widowed *single* Name of Wife or Husband
Father's Name *Perry C. Cornish* Father's Birthplace *md*
Mother's Maiden Name *Mary Nichols* Mother's Birthplace *md*
Name of person giving Information *Perry C. Cornish* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Measles* How long *1 week*
Immediate *Pneumonia* How long *5 days*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. Kemp Jefferson*
Address *Federalburg md*
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Denton* Town *Dixon* County *Caroline* MARYLAND
Date of death 1909 *October* *15* Day *15* Age *—* Years *—* Months *—* Days *—*
Sex *Male* Color or Race *Colored* Birth-place *Denton*
Occupation *—* Where Residing if not at place of death *—*

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

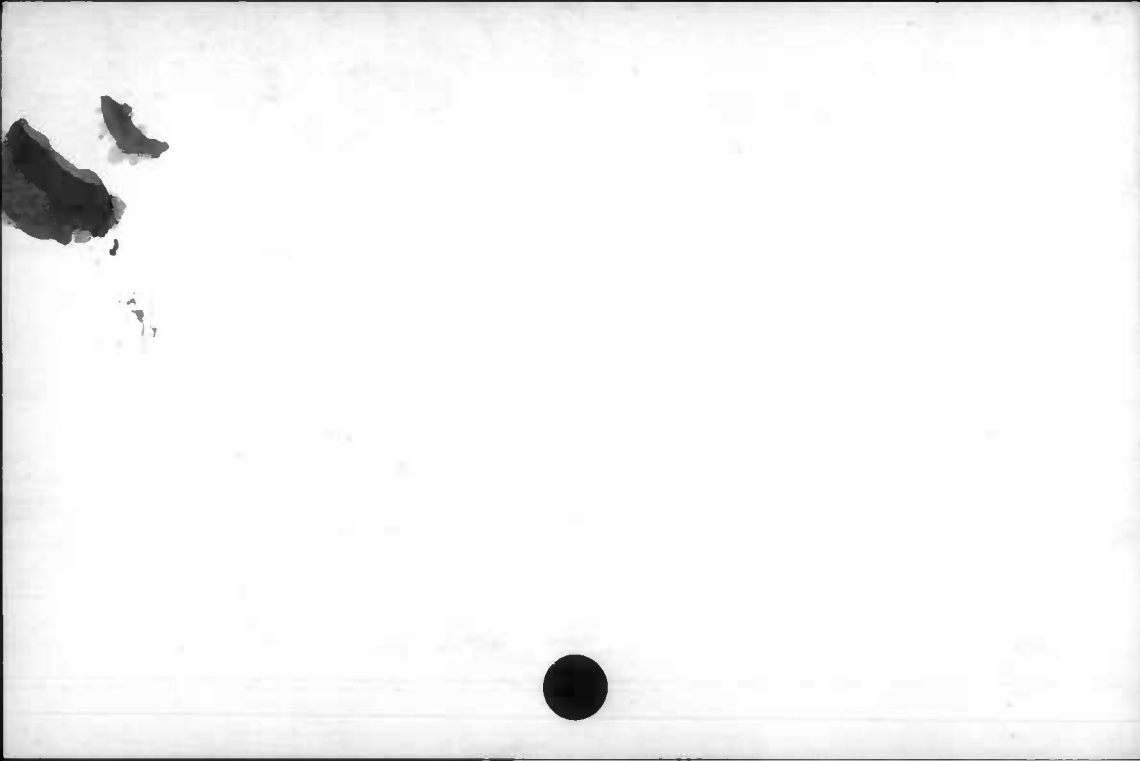
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide *—*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Tyson D Eaton

Died at *Denton* Town *Caroline* County **MARYLAND**

Date of death *1909 Oct 22* Age *13* Months *4* Days *16*

Sex *male* Color or Race *white* Birth-place *Caroline*

Occupation *Laborer* Where Residing if not at place of death *Denton*

Married, Single or Widowed *single* Name of Wife or Husband _____

Father's Name *John A Eaton* Father's Birthplace *Federalburg*

Mother's Maiden Name *Maggie L Wright* Mother's Birthplace *Dorchester*

Name of person giving Information *John A. Eaton* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *4 weeks*

Immediate *"* How long *"*

Are the name, age, sex, color, data and place correctly given above? *Yes,*

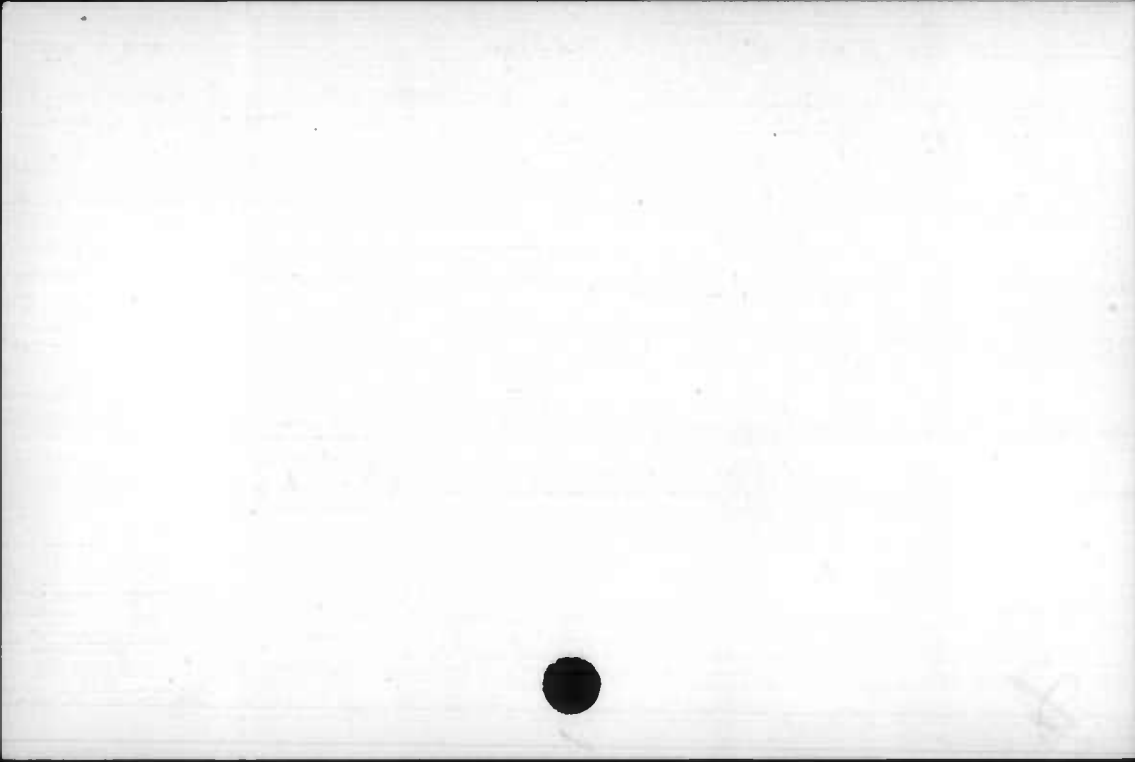
Signature of Physician *G. W. Simmons*

Address *Denton, Md*

Accident or Suicide *-*



Name in Full		Certificate of Death							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death		Month		Day		Age	
		Sex		Color or Race		Birth-place		Months	
		Occupation		Where Residing if not at place of death		Years		Days	
		Married, Single or Widowed		Name of Wife or Husband		Months		Days	
		Father's Name		Father's Birthplace		Years		Days	
		Mother's Maiden Name		Mother's Birthplace		Years		Days	
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information		How related to deceased		Days			
		CAUSES OF DEATH		151		✓			
Primary		Premature Birth		How long					
Immediate				How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address					
Accident or Suicide?									



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at		Grover		County		Caroline		MARYLAND	
Date of death		1909		Month		Oct		Day	
Age		6		Years		Months		Days	
Sex		Male		Color or Race		White		Birth-place	
Occupation		None		Where Residing if not at place of death		Grover		Fell house	
Married, Single or Widowed		Single		Name of Wife or Husband		None			
Father's Name		W. J. Jupp		Father's Birthplace		Md			
Mother's Maiden Name		Ida B. Lemmon		Mother's Birthplace		Md			
Name of person giving information		W. B. Elliott		How related to deceased		Father			

CAUSES OF DEATH

Primary *Chenopodium* *Booth*

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Sophia J. Friend.

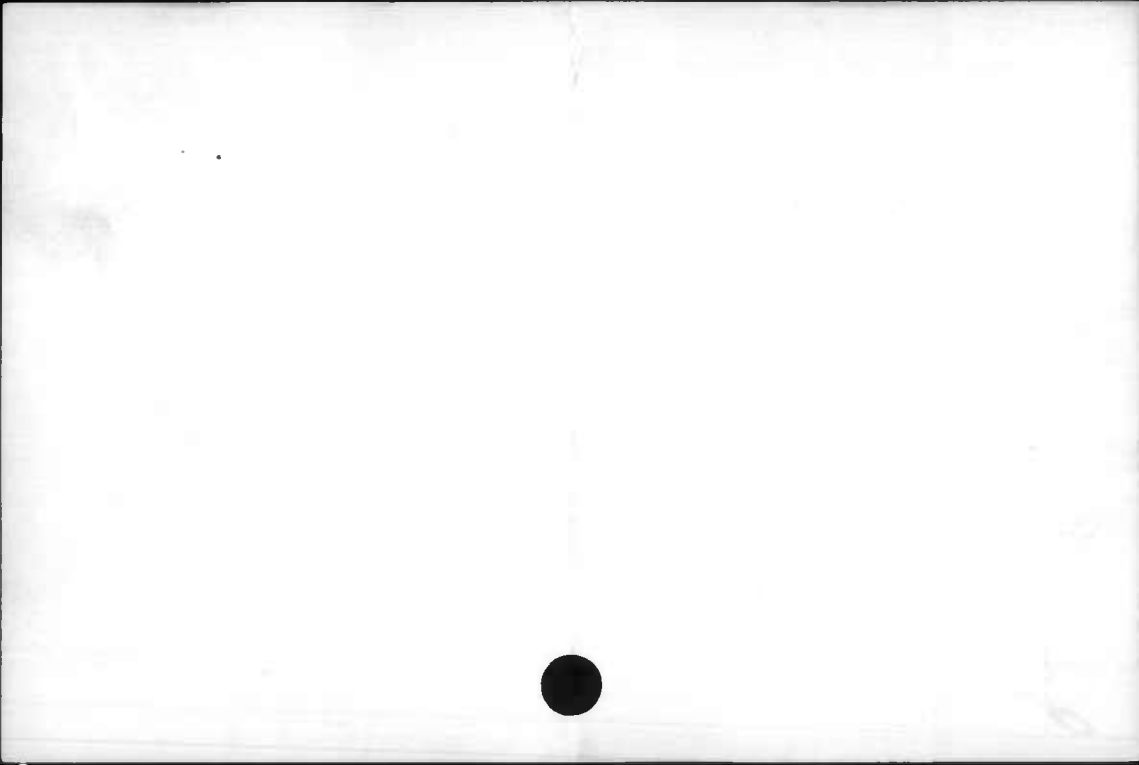
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Smithville</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month}		<u>10</u> ^{Day}	<u>25</u> ^{Year}	Age <u>55</u>	<u>Month</u> ^{Days}
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Caroline Co. Md.</u>	
Occupation <u>House-Work.</u>		Where Residing if not at place of death _____			
Married, Single or Widowed		Name of Wife or <u>James H. Friend,</u> ^{Husband}			
Father's Name <u>Rev. John H. Holland,</u>		Deed <u>Father's</u>		Birthplace <u>Annaprindel Co</u>	
Mother's Maiden Name <u>Sarah E. Watkins,</u>		Mother's Birthplace <u>Balto. City.</u>			
Name of person giving Information <u>Sarah E. Holland.</u>		How related to deceased <u>Mother.</u>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH		(27) ✓	
Primary <u>Chronic Phthisis</u>	How long <u>4 yrs.</u>		
Immediate <u>Pulmonary Hemorrhage.</u>	How long <u>3 days.</u>		
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>F. T. Brooks</u>	
Address <u>Federalsburg Md.</u>			
Accident or Suicide <u>No</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph B George
Federalburg Caroline
Died at Town County
Date of death 1909 Oct. 3 Age 68 Months 6 Days 4
Sex male Color or Race White Birthplace Kent. Co., Del
Occupation Merchant Where Residing if not at place of death
Married, Single or Widowed married Name of Wife or Husband Clara B George
Father's Name Joseph George Father's Birthplace Kent Co Del
Mother's Maiden Name Sarah Roe Mother's Birthplace Kent Co Del
Name of person giving Information Clara B George How related to deceased Wife

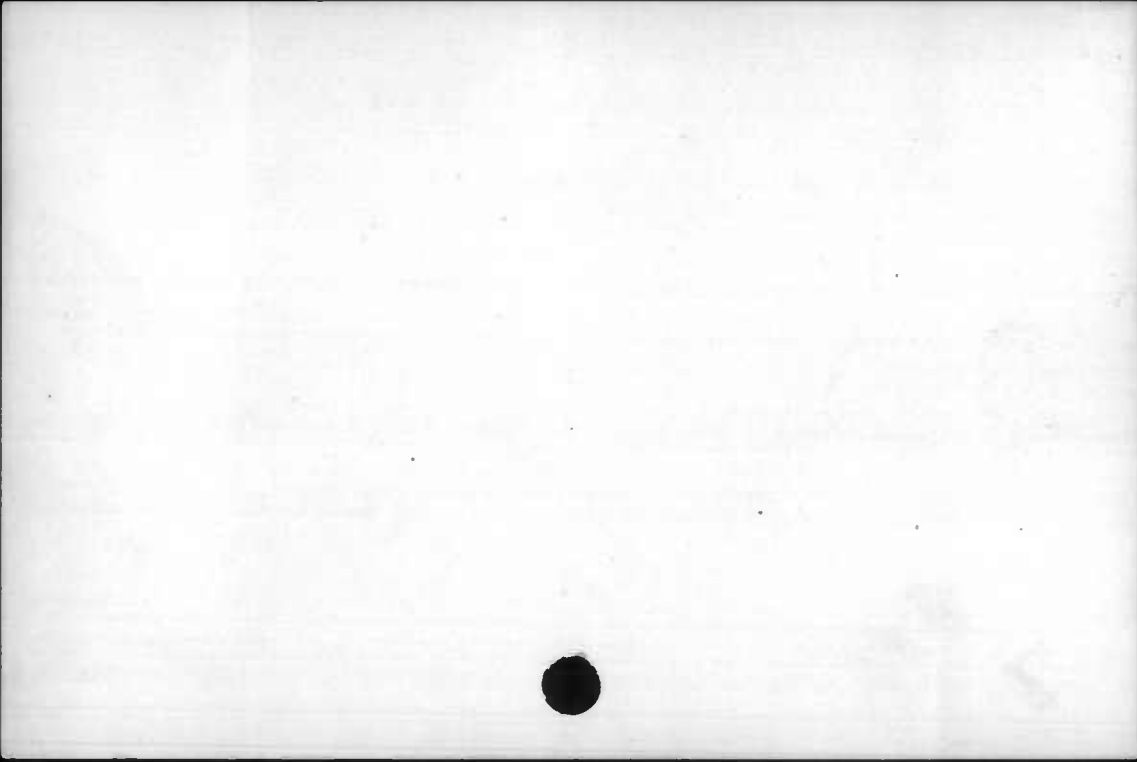
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis. How long 12 mo
Immediate Acute Bright's How long 1 mo.
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician J. H. Brooks.
Address Federalburg Md.
Accident or Suicide



Name in Full		Died at				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Dover Bridge		Dorchester		MARYLAND				
		Date of death		1909	Oct	15	Age	58	Months	4	Days	28
		Sex		Female		Color or Race		White		Birth-place		Delaware
		Occupation		Housewife		Where Residing if not at place of death		Same				
		Married, Single or Widowed		Married		Name of Wife or Husband		James E. Hordening				
		Father's Name		John Leach		Father's Birthplace		Md				
		Mother's Maiden Name		Ann Morgan		Mother's Birthplace		Delaware				
		Name of person giving information		J.E. Hordening		How related to deceased		Husband				
		<div style="text-align: center;">CAUSES OF DEATH</div>										
		PHYSICIAN OR CORONER		Primary		Carcinoma of Uterus		(42) ✓		How long		3
Immediate				Heart failure				How long		—		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Raymond Downes		Address		Preston Md.		
Accident or Suicide?												



Name
in
Full

Thomas Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

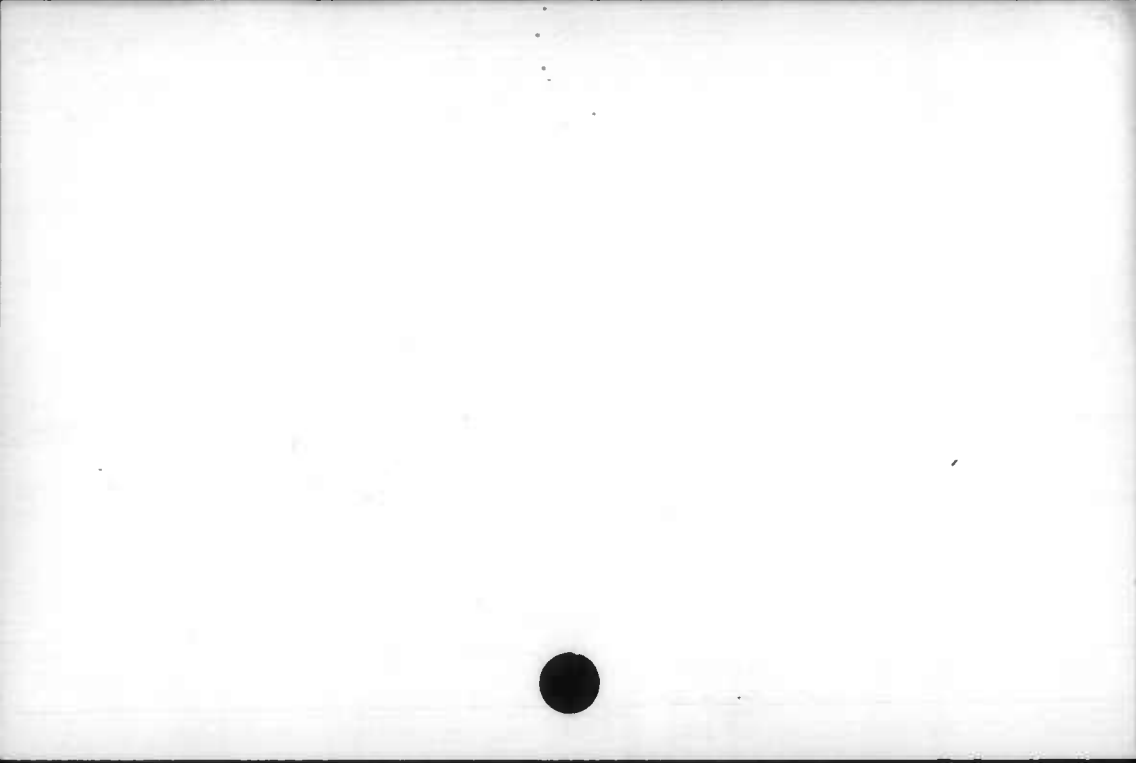
Died at		Town Greensboro		County Caroline		MARYLAND	
Date of death		Month Oct	Day 14	Years 72	Months —		Days —
Sex Male		Color or Race White		Birth-place Caroline Co.			
Occupation Farmer				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Eubels Hubbard		Father's Birthplace Maryland					
Mother's Maiden Name — Hopkins		Mother's Birthplace —					
Name of person giving Information A. Hubbard		How related to deceased Nephew					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart (Mitral lesion)	How long	Several years
Immediate	Heart failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. Fredson	
Accident or Suicide		Address Greensboro, Md.	



Name
in
Full

Leorn Ingersoll

CERTIFICATE OF DEATH

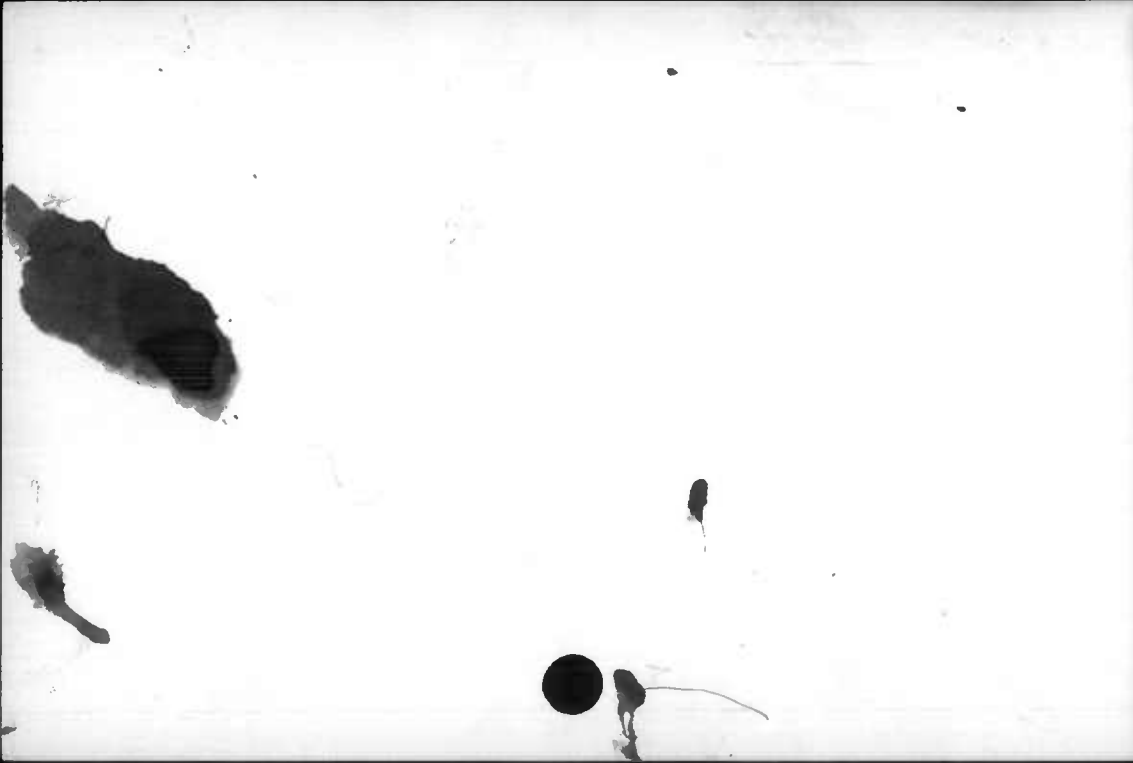
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death	1909	Month	Oct.	Day	21
Age	1	Years	1	Months	1
Sex	Male	Color or Race	white	Birth-place	Philadelphia
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Cuthen Ingersoll			Father's Birthplace	N. J.
Mother's Maiden Name	Julia K. Worman			Mother's Birthplace	Del.
Name of person giving Information	Cuthen Ingersoll			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever -</u>	How long	<u>6- weeks</u>
Immediate	<u>Convulsions</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>G. W. Summers</u>
		Address	<u>Denton Md.</u>
Accident or Suicide			



Name
in
Full

Paul Krissel

CERTIFICATE OF DEATH

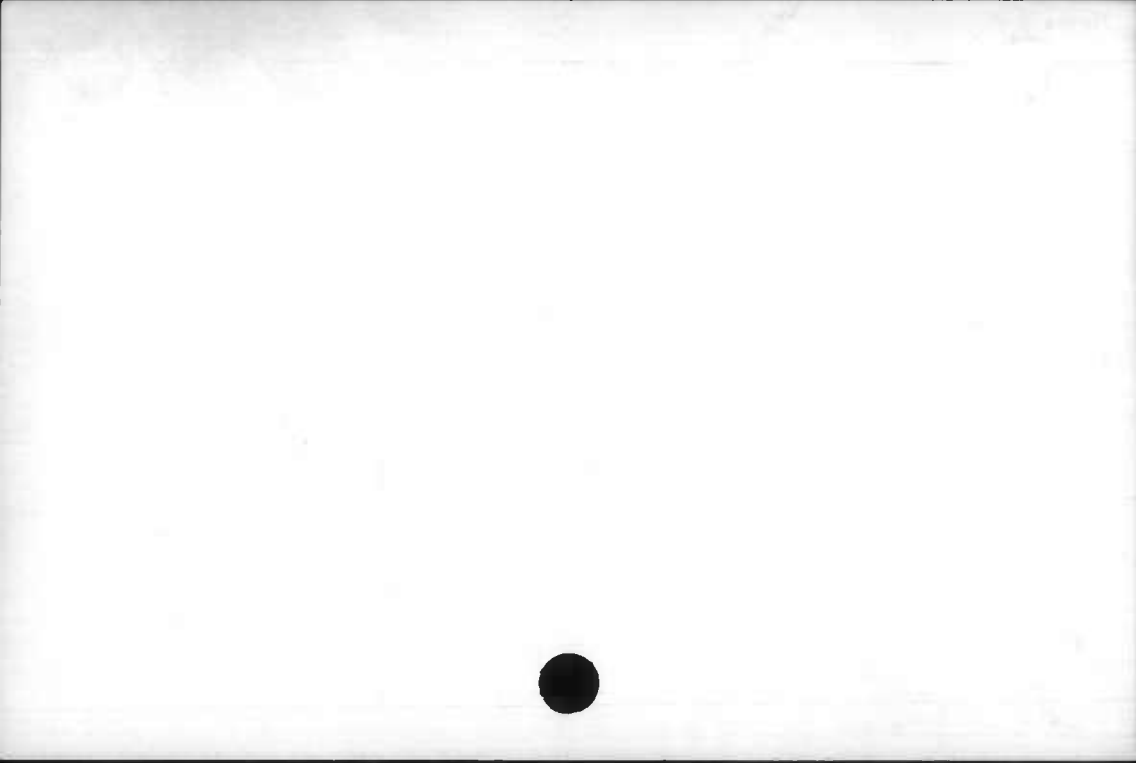
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely</u> Town		<u>Barlowe</u> County		MARYLAND	
Date of death	1909	Month	Oct	Day	12
Age	—		Years	6	Months
Sex	Male		Color or Race	White	
Occupation	—		Birthplace	Bucks Co., Pa.	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Faulty circulation</u>	How long	<u>During life</u>
Immediate	<u>Hooping cough</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<input checked="" type="checkbox"/> Accident or Suicide		Address <u>Denton,</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

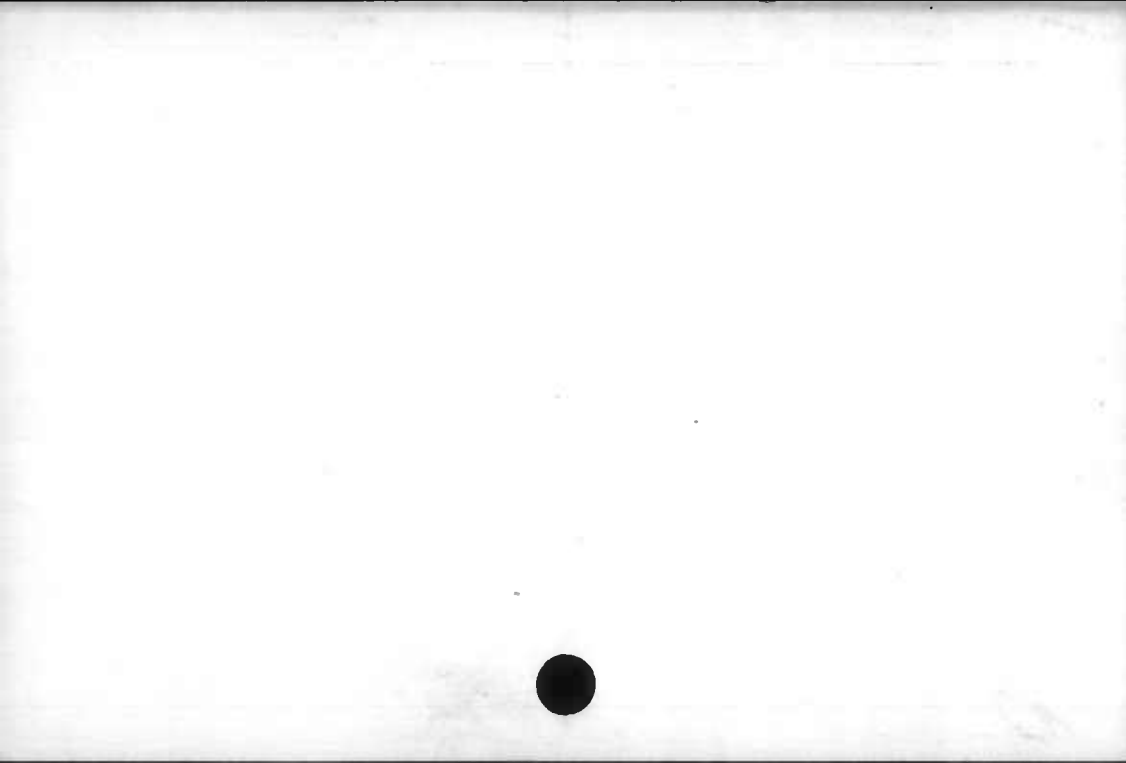
Name <i>Margaret Mary Madara</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>Oct</i>		Day <i>31</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>31</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>W. Va.</i>		Days <i>25</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jacob G. Madara</i>				Father's Birthplace <i>Penn.</i>			
Mother's Maiden Name <i>Bertha M. Barry</i>				Mother's Birthplace <i>W. Va.</i>			
Name of person giving Information <i>J. G. Madara</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>24 days</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. S. Stone M.D.</i>	
		Address <i>Ridgely</i>	
Accident or Suicide <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>26</i>	Age <i>39</i>	Years <i>39</i>
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>md</i>		
Occupation <i>laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Jennie Prattis</i>				
Father's Name <i>Stark Prattis</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Ann Prattis</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Jennie Prattis</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>8 mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Kemp Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide?	



Name
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Full

Mary Ellen Lindert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

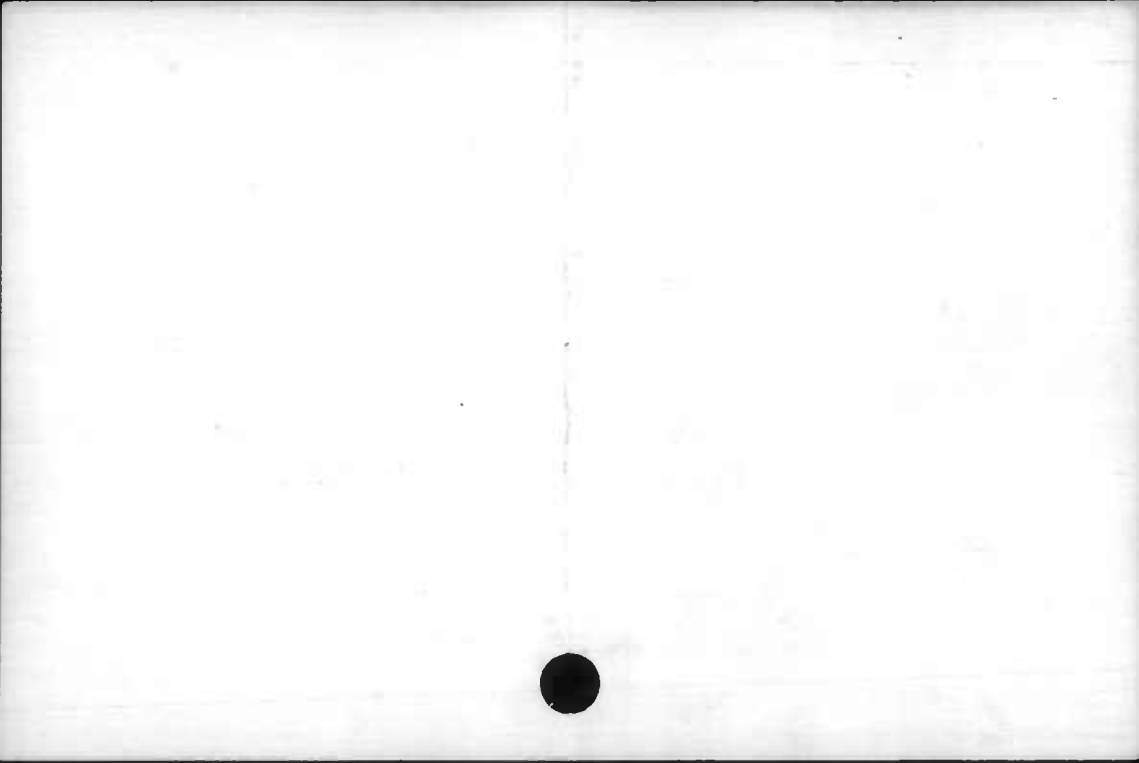
Died at <i>Federalburg</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	190 <i>9</i>	Month <i>10</i>	Day <i>1</i>	Age <i>8</i>	Years <i>6</i> Months <i>26</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Newark, N.J.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Engene Lindert</i>		Father's Birthplace <i>Brooklyn, N.Y.</i>			
Mother's Maiden Name <i>Mary White</i>		Mother's Birthplace <i>Carroll Co.</i>			
Name of person giving Information <i>Mary Lindert</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>Chlorotic Spasms</i>	How long	<i>1 month</i>
Immediate	<i>Chlorotic</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>990. F. Galloway</i>	
		Address <i>Federalburg Md.</i>	
Accident or Suicide <i>—</i>			



Martha A. Roe
Died at ^{Town} near Goldsboro ^{County} Caroline

CERTIFICATE OF DEATH

Date of death 1909 Oct. 20 Age 76.5 Months 8 Days 20

Sex Female Color or Race White Birthplace Maryland

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Thomas A Roe

Father's Name Father's Birthplace

Mother's Maiden Name

Name of person giving Information Alonzo Roe

Unknown

Unknown

How related to deceased Son

CAUSES OF DEATH

Primary - Acute indigestion
Immediate - Heart failure

104
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Address Goldsboro Md

Accident or Suicide



Name
in
Full

Edward Saulsbury -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Oct	22	Age 82			
Sex	Male	Color or Race	white	Birth-place	Ild -		
Occupation	Retired			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband		Elizabeth Carmine			
Father's Name	Matthew Saulsbury			Father's Birthplace	Ild -		
Mother's Maiden Name	Elizabeth Georger			Mother's Birthplace	Md		
Name of person giving Information	E. M. Garry			How related to deceased	Son in law		

CAUSES OF DEATH

93 ✓

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	3 days
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Ridgely Md.	
Accident or Suicide				



Name
in
Full

Annie B Scherz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Preston ^{County} Caroline MARYLAND
 Date of death 1909 Oct 4 Age 40 Months — Days 12
 Sex Female Color or Race White Birth-place Accident Md.
 Occupation Housewife Where Residing if not at place of death —
 Married, Single or Widowed married Name of Wife or Husband George Scherz
 Father's Name Adam Scheringer Father's Birthplace Germany
 Mother's Maiden Name Mary Fisher Mother's Birthplace Germany
 Name of person giving Information John Scheringer How related to deceased Brother

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Nephritis How long 4 years
 Immediate Uremia How long 3 days
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician J. L. Stuber
 Address Preston Md.
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **James A Thomas**

Died at **Federalburg** Town **Caroline** County

MARYLAND

Date of death **1909** Month **Oct** Day **20** Age **69** Years Months Days

Sex **male** Color or Race **black** Birth-place **md**

Occupation **laborer** Where Residing if not at place of death

Married, Single or Widowed **married** Name of Wife or Husband **Fanny Thomas**

Father's Name **John Murray** Father's Birthplace **md**

Mother's Maiden Name **Sarah A Thomas** Mother's Birthplace **md**

Name of person giving information **Chas Thomas** How related to deceased **Son**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Rheumatism** How long **47** **5 weeks**

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R Kemp Jefferson
Federalburg
md

Accident or Suicide?



Name
in
Full

Sarah Margaret Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Mr Newton County Crossman MARYLAND

Date of death 190 9 Oct 19 Age 3 Months 5 Days 2

Sex Female Color or Race White Birth-place Same

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband Not any

Father's Name John E. Jones Father's Birthplace MD

Mother's Maiden Name Mellie W. McLaughlin Mother's Birthplace MD

Name of person giving Information John E. Jones How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

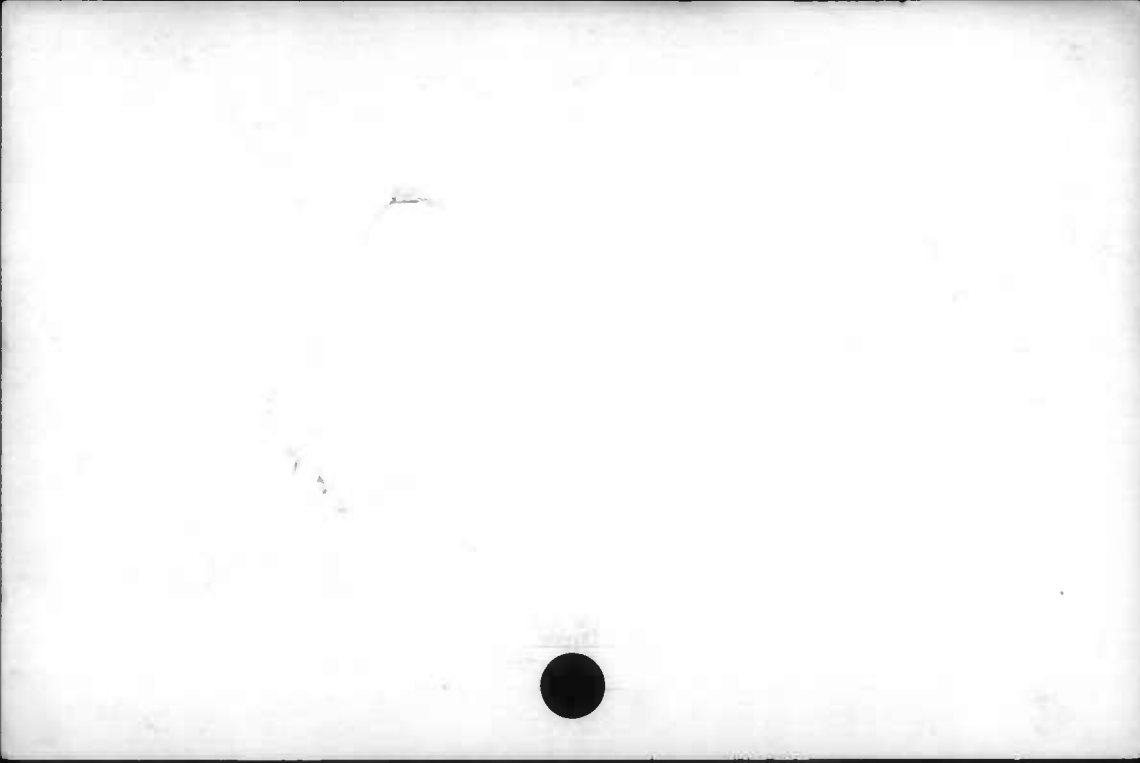
Primary Diphtheria How long Probably 3 or 4 days

Immediate Injury from Diphtheria How long 2

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Raymond Downes
Address Preston

Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

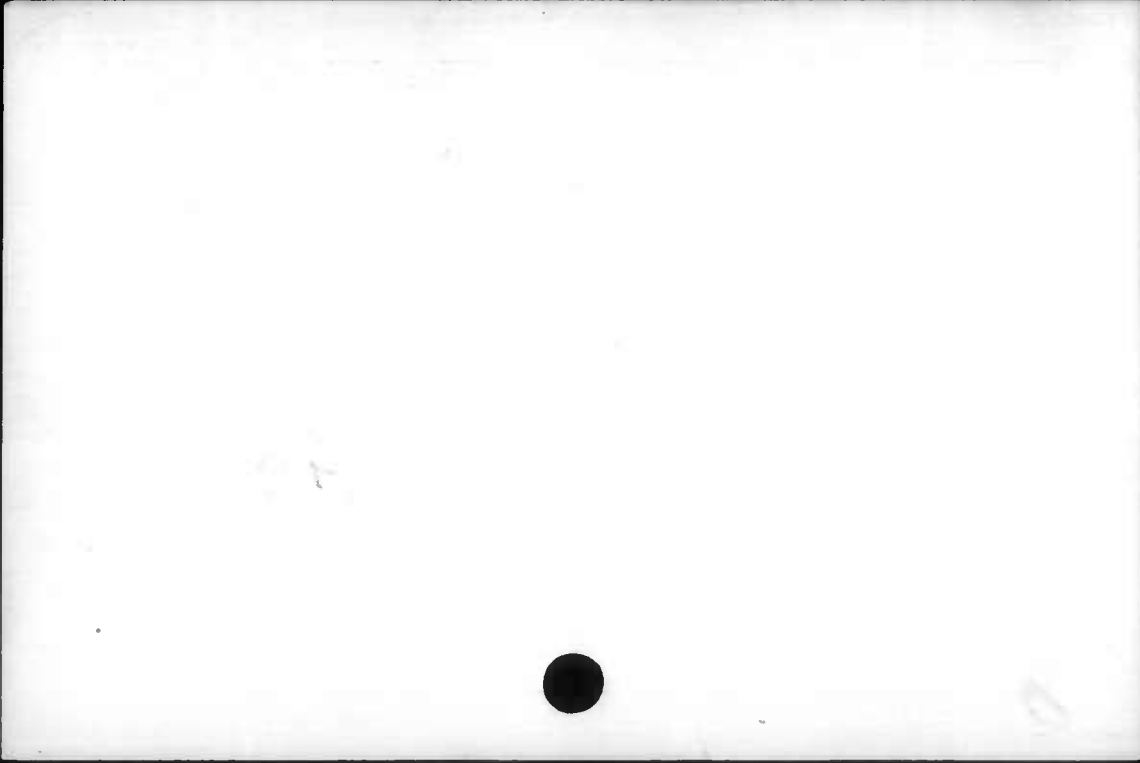
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James A. Trice</i>		Town <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>10</i>		Day <i>3</i>		Years <i>64</i>	
Date of death <i>1909</i>		Age <i>64</i>		Months <i>3</i>		Days <i>23</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester Co.</i>			
Occupation <i>Retired</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catharine L. Trice</i>					
Father's Name <i>Alexander Trice</i>		Father's Birthplace <i>Dorchester Co.</i>					
Mother's Maiden Name <i>Elena A. Parker</i>		Mother's Birthplace <i>Dorchester Co.</i>					
Name of person giving Information <i>J. Porra Trice</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthma</i>	How long <i>Many years</i>
Immediate <i>Same</i>	How long <i>on sick</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. R. Fisher</i>
Address <i>Denton</i>	<i>me</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Bessie C. Wilson

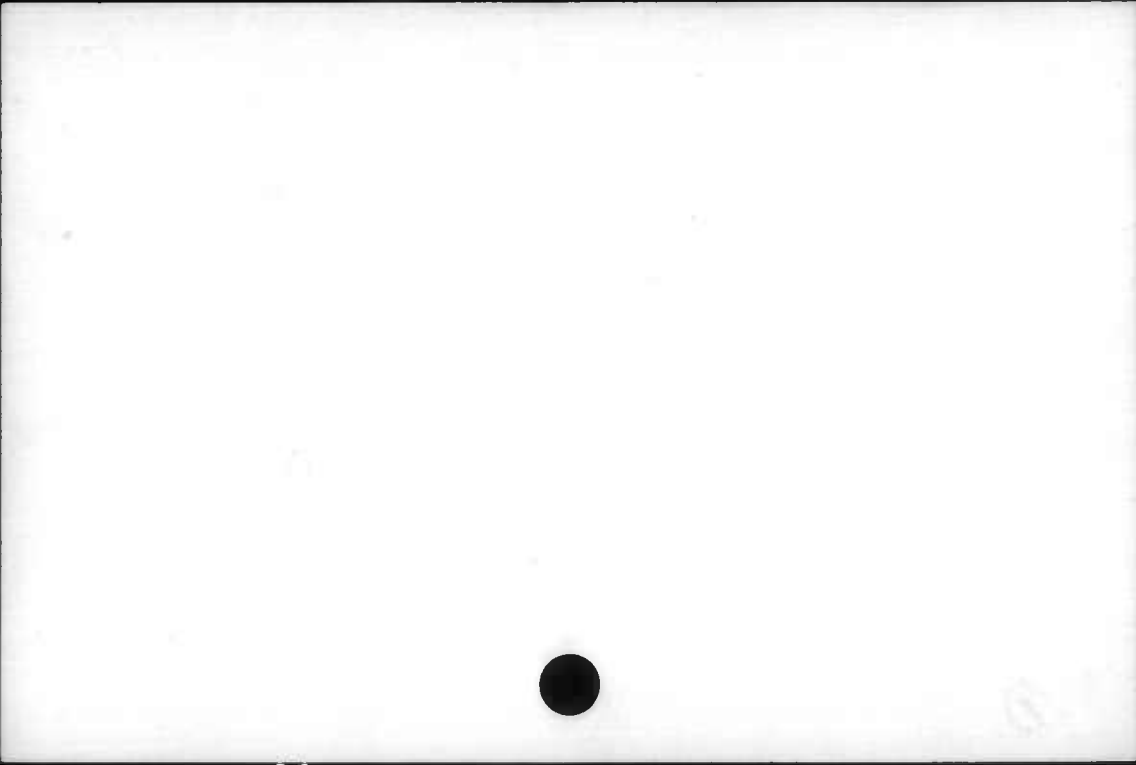
CERTIFICATE OF DEATH

Died at ^{Town} near Newton		^{County} Caroline		MARYLAND	
Date of death	1909	Month	Oct.	Day	12
Age	13	Years	11	Months	—
Sex	Female	Color or Race	Black	Birth-place	Worton Knuck Co. Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George W. Wilson		Father's Birthplace	Knuck Co. Md.	
Mother's Maiden Name	Elvira Warrell		Mother's Birthplace	Knuck Co. Md.	
Name of person giving information	George W. Wilson		How related to deceased	Father	

CAUSES OF DEATH

27

Primary	Typhoid Fever	How long	7 weeks
Immediate	Pneumonia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. L. Robt
		Address	Forestop Md.
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Died at *Denton* Town *Caroline* County **MARYLAND**

Date of death 190*9* Month *10* Day *10* Age *45-* Years Months *8* Days *—*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Housewife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Frank H. Norton*

Father's Name *Wm. H. Halls* Father's Birthplace *MD*

Mother's Maiden Name *Marguerite Manning* Mother's Birthplace *MD*

Name of person giving Information *Frank H. Norton* How related to deceased *Husband*

CAUSES OF DEATH

79 ✓

Primary *Heart Disease* How long *Several years*

Immediate *Same* How long *Had suddenly*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *P. R. Fisher*

Address *Denton*

Accident or Suicide *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

